DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)
MEDICALLY INTENSIVE PROGRAM

NURSING CARE CONSULTANT (NCC) HOME VISIT UPDATE

DATE OF VISIT	
TIME OF VISIT FROM ☐ AM ☐ PM	TO ☐ AM ☐ PM
DATE OF LAST NCC VISIT	

CHILD'S NAME					DDD NUMBER
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER (INCLUDE AREA CODE)
RESIDENCE TYPE	CASE MANAGER				TELEPHONE NUMBER (INCLUDE AREA CODE)

NURSING HOURS

CURRENT NURSING AGENCY

CURRENT HOURS OF NURSING ☐ Decrease ☐ Increase since last time — AMOUNT OF CHANGE

Current hours are adequate: ☐ Yes ☐ No; Explain:

Documentation is adequate: ☐ Yes ☐ No; Explain:

CHANGES SINCE LAST VISIT

Diagnoses:

Client: (Hospitalizations, Illnesses, Seizures, Skin, Communication, Behavior, ADKs, Height and Weight, Other).

Medications and Treatments: (Vent, GT/JT, Feeding, Trach, Suctioning, Other).

MISCELLANEOUS CHANGES (i.e., address, telephone, CM, etc.)

OBSERVATIONS OF CHILD/HOME

SUMMARY
COMMENTS
RECOMMENDATIONS

NCC SIGNATURE	DATE